

CLAIMS ONLY

Application Number

"Filling" Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 9/16/19		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20						
21	1					
22						
23	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total						
Indep	5					
Total						
Depend	19					
Total						
Claims	24					